

MDR Tracking Number: M5-04-2030-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 7, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The pharmacy, lab, medical-surgical supplies, drugs/incidental rad, CT scan, o.r.services, pft, and recovery room were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issues this 10th day of June 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 08-05-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 10th day of June 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

REVISED 3/29/04

February 27, 2004

IRO Certificate # 5259

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An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

This patient had a work related back injury on _____. She received a thorough evaluation which included plain film x-rays, MRI scan, and eventually a CT discogram on 8/5/03. Prior to her discogram, her treatments included medications, rest, physical therapy, and epidural steroid injections. ____ noted on 7/30/03 that she was not at MMI, however, a designated doctor exam with ____ scheduled for 8/1/03 was not submitted. A discectomy was recommended on 10/9/03.

REQUESTED SERVICE (S)

Pharmacy, lab, medical-surgical supplies, drugs/incidental rad, CT scan, o.r. services, pft, recovery room.

DECISION

Approve all requested services.

RATIONALE/BASIS FOR DECISION

The submitted records reflect that a discogram was medically necessary and appropriate on 8/5/03. Although the disputed charges are not specifically identified, a three page bill submitted by ____ itemizes each charge. All charges on this bill are reasonable and appropriate for this procedure. Standard of care dictate this type of procedure be done at an appropriate facility with standard monitoring, anesthesia, and medication. The lab was a pregnancy test to insure the patient was not pregnant. The pft reflects pulse oximetry which is essential during this type of procedure. Therefore, all disputed services are approved.